CLAIM OF BENEFICIAL USE for Groundwater Permits claiming more than 0.1 cfs

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

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A fee of $200 must accompany this form for permits with priority dates of July 9, 1987, or later.

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at: http://www.oregon.gov/owrd/pages/wr/cwre_info.aspx

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see http://www.oregon.gov/owrd/pages/mgmt_reimbursement_authority.aspx

SECTION 1
GENERAL INFORMATION

1. File Information

APPLICATION #	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-16908	G-18141	T-12863

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Blackburn Ranches LLC		541-589-0025	
ADDRESS			
707 Ponderosa Village			
CITY	STATE	ZIP	E-MAIL
Burns	OR	97720	curtjettblackburn@centurytel.net

If the current property owner is not the permit holder of record, it is recommended that an assignment be filed with the Department. ***Each*** *permit holder of record must sign this form.*

3. Permit holder of record (this may, or may not, be the current property owner)

PERMIT HOLDER OF RECORD **Same as above**		
ADDRESS		
CITY	STATE	ZIP

ADDITIONAL PERMIT HOLDER OF RECORD **NA**		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection: **11/12/2019**

5. Person(s) interviewed and description of their association with the project:

NAME	DATE	ASSOCIATION WITH THE PROJECT
Curt Blackburn	**11/12/2019**	**Farm Manager**

6. County: **Harney**

7. If any property described in the place of use of the permit is excluded from this report, identify the owner of record for that property (ORS 537.230(4)):

OWNER OF RECORD **NA**		
ADDRESS		
CITY	STATE	ZIP

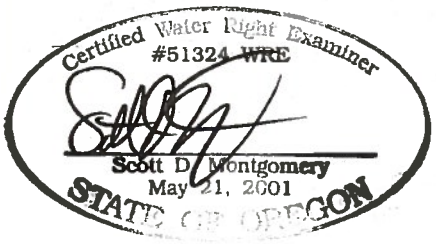
Add additional tables for owners of record as needed

SECTION 2
SIGNATURES

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.

Seal and Signature



Renewal 12/31/2020

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CWRE NAME		PHONE NO.	ADDITIONAL CONTACT NO.
Scott D. Montgomery, CWRE		**541-548-5833**	**541-420-0401**
ADDRESS **PO Box 767**			
CITY **Terrebonne**	STATE **OR**	ZIP **97760**	E-MAIL **scott@apeands.com**

Permit Holder of Record Signature or Acknowledgement

Each *permit holder of record must sign this form in the space provided below.*

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Rex Blackburn	MANAGING MEMBER, Blackburn Ranches, LLC	November 21, 2019

SECTION 3

CLAIM DESCRIPTION

1. Point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)
#3	HARN 51322	L-86796
#4	HARN 51548	L-96565

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

2. Point of appropriation source, if indicated on permit:

POA NAME OR NUMBER	SOURCE BASIN LOCATED WITHIN	TRIBUTARY
#3	East Fork Silvies River Basin	
#4	East Fork Silvies River Basin	

3. Developed use(s), period of use, and rate for each use:

POA NAME OR NUMBER	USES	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, OR AF)
#3	IR	Pasture Hay	Mar 1 – Oct 31	1.67*
#4	IR	Pasture Hay	Mar 1 – Oct 31	1.67*
Total Quantity of Water Used				

***Accumulated total for both wells**

4. Provide a general narrative description of the distribution works. This description must trace the water system from **each** point of appropriation to the place of use:

Water is pumped from wells 3 & 4 into a common pipe network that supplies two center pivot sprinklers to irrigate the place of use.

5. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below. **YES**

(e.g. *"The permit allowed three points of appropriation. The water user only developed one of the points."* or *"The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres."*)

The permit allowed for three wells. The permit holder only developed two wells.

6. Claim Summary:

POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED	USE	# OF ACRES ALLOWED	# OF ACRES DEVELOPED
#3	1.67 cfs*	1.91 cfs		IR	133.2	133.2*
#4	1.67 cfs*	2.44 cfs		IR	133.2	133.2*

***Accumulated totals form both wells**

SECTION 4

SYSTEM DESCRIPTION

Are there multiple POAs? **YES**

POA Name or Number this section describes (only needed if there is more than one):

#3 HARN 51322

A. Place of Use

1. Is the right for municipal use? **NO**

TWP	RNG	MER	SEC	QQ	GLOT	DLC	USE	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
24S	32.5E	WM	30	NW SE			IR	15.1	
24S	32.5E	WM	30	NE SW	3		IR	16.1	
24S	32.5E	WM	30	SE SW	4		IR	17.2	
24S	32.5E	WM	30	SW SE			IR	16.1	
24S	32.5E	WM	30	SE SE			IR	4.3	
24S	32.5E	WM	31	NE NE			IR	9.1	
24S	32.5E	WM	31	NW NE			IR	15.6	
24S	32.5E	WM	31	NE NW	1		IR	15.0	
24S	32.5E	WM	31	SE NE			IR	9.3	
24S	32.5E	WM	31	SW NE			IR	2.7	
24S	32.5E	WM	32	NW NW			IR	5.5	
24S	32.5E	WM	32	SW NW			IR	7.2	
Total Acres Irrigated								133.2	

B. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used? **YES**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
National	UNK	N82608	Turbine	12"	8"

3. Motor Information

MANUFACTURER	HORSEPOWER
GE	60

4. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
60	40	115'	0'	1.91

5. Provide pump calculations:

$Q = \frac{7.04 \text{ ft4/sec/hp x hp}}{\text{Total head, ft}} = \frac{(7.04)(60)}{221.6} = 1.95 \text{ cfs}$

Total head = 101.6' + 115' + 0' = 221.6'

6. Measured Pump Capacity (using meter if meter was present and system was operating)

Initial Meter Reading	Ending Meter Reading	Duration of Time Observed	Total Pump Output (in cfs)

7. Is the distribution system piped? **YES**

8. Mainline Information

Mainline Size	Length	Type of Pipe	Buried or Above Ground
8"	2050 LF	PVC	Buried
8"	975 LF	PVC	Buried

9. Lateral or Handline Information

Lateral or Handline Size	Length	Type of Pipe	Buried or Above Ground
NA			

10. Sprinkler Information

Size	Operating PSI	Sprinkler Output (GPM)	Total Number of Sprinklers	Maximum Number Used	Total Sprinkler Output (CFS)
NA					

Reminder: For sprinkler output determination use the reference information at the end of this document.

11. Pivot Information

Manufacturer	Maximum Wetted Radius	Operating PSI	Total Pivot Output (GPM)	Total Pivot Output (CFS)
Valley	1515 LF	30	1200	2.7
Lindsay	1080 LF	30	800	1.8

12. Additional notes or comments related to the system:

C. Groundwater Source Information (Well and Sump)

1. Is the appropriation from ground water (well or sump)? **YES**

2. Describe the access port (type and location) or other means to measure the water level in the well:

1 ½" uncapped pipe SE side of casing

3. If well logs are not available, provide as much of the following information as possible:

Casing Diameter	Casing Depth	Total Depth	Completion Date of Original Well	Completion Dates of Alterations	Who the well was drilled for	Well drilled by
See well log						

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

5. Is the appropriation from a dug well (sump)? **NO**

D. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir) **NO**

E. Gravity Flow Pipe

(The Department typically uses the Hazen-William's formula for a gravity flow pipe system)

1. Does the system involve a gravity flow pipe? **NO**

F. Gravity Flow Canal or Ditch

(The Department typically uses Manning's formula for canals and ditches)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? **NO**

POA Name or Number this section describes (only needed if there is more than one):

#4 HARN 51548

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A. Place of Use

1. Is the right for municipal use? **NO**

Twp	Rng	Mer	Sec	QQ	G L Ot	DLC	Use	If Irrigation, # Primary Acres	If Irrigation, # Supplemental Acres
24S	32.5E	WM	30	NW SE			IR	15.1	
24S	32.5E	WM	30	NE SW	3		IR	16.1	
24S	32.5E	WM	30	SE SW	4		IR	17.2	
24S	32.5E	WM	30	SW SE			IR	16.1	
24S	32.5E	WM	30	SE SE			IR	4.3	
24S	32.5E	WM	31	NE NE			IR	9.1	
24S	32.5E	WM	31	NW NE			IR	15.6	
24S	32.5E	WM	31	NE NW	1		IR	15.0	
24S	32.5E	WM	31	SE NE			IR	9.3	
24S	32.5E	WM	31	SW NE			IR	2.7	
24S	32.5E	WM	32	NW NW			IR	5.5	
24S	32.5E	WM	32	SW NW			IR	7.2	
Total Acres Irrigated								133.2	

B. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport and apply the water from the point of appropriation to the place of use.

1. Is a pump used? **YES**

2. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
National	**UNK**	**N82608 NCH**	**Turbine**	**12"**	**8"**

3. Motor Information

MANUFACTURER	HORSEPOWER
US Electric	**75**

4. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
75	**40**	**115'**	**0'**	**2.44**

5. Provide pump calculations:

$Q = \frac{7.04 \text{ ft4/sec/hp x hp}}{\text{Total head, ft}} = \frac{(7.04)(75)}{216.6} = 2.44$ cfs

Total head = 101.6' + 115' + 0' = 216.6'

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6. Measured Pump Capacity (using meter if meter was present and system was operating)

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)

7. Is the distribution system piped? **YES**

8. Mainline Information

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
8"	**1045 LF**	**PVC**	**Buried**

9. Lateral or Handline Information

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
NA			

10. Sprinkler Information

SIZE	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
NA					

11. Pivot Information

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)
Zimmatic	**1080 LF**	**30**	**1200**	**2.7**
Valley	**1515 LF**	**30**	**800**	**1.8**

12. Additional notes or comments related to the system:

C. Groundwater Source Information (Well and Sump)

1. Is the appropriation from ground water (well or sump)? **YES**

2. Describe the access port (type and location) or other means to measure the water level in the well:

1 ½" capped pipe SW side of casing

3. If well logs are not available, provide as much of the following information as possible:

Casing Diameter	Casing Depth	Total Depth	Completion Date of Original Well	Completion Dates of Alterations	Who the well was drilled for	Well drilled by
See well log						

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

5. Is the appropriation from a dug well (sump)? **NO**

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D. Storage

1. Does the distribution system include in-system storage (e.g. storage tank, bulge in system / reservoir) **NO**

E. Gravity Flow Pipe

(The Department typically uses the Hazen-William's formula for a gravity flow pipe system)

1. Does the system involve a gravity flow pipe? **NO**

F. Gravity Flow Canal or Ditch

(The Department typically uses Manning's formula for canals and ditches)

1. Is a gravity flow canal or ditch used to convey the water as part of the distribution system? **NO**

SECTION 5

CONDITIONS

All conditions contained in the permit, permit amendment, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits and extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines established in the permit or permit extension order:

	Date from Permit	Date Accomplished*	Description of Actions Taken by Water User to Comply with the Time Limits
Issuance Date	**11/30/2018**		
Begin construction (A)	**Not mentioned**	**NA**	**NA**
Complete construction (B)	**Not Mentioned**	**NA**	**NA**
Complete application of water (C)	**10/30/2019**	**10/30/2019**	**Place of use irrigated from authorized wells being metered and reported on annually.**

2. Is there an extension final order(s)? **YES** **NO**

3. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement? **YES**

b. What month was the initial measurement to be taken in?

March

c. Was the measurement submitted to the Department? **YES**

d. If the initial measurement was not submitted, provide that measurement now, if available:

Date of Measurement	Measurement Made By	Method	Measurement

4. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements? **YES**

b. Provide the month, or months, the static water level measurement(s) were to be made:

March

c. Were the static water level measurements taken in the month(s) required? **YES**

d. If "YES", were those measurements submitted to the Department? **YES**

e. If the annual measurements were not submitted, provide the measurements now:

Date of Measurement	Measurement Made By	Method	Measurement

5. Pump Test (Required for most ground water permits prior to issuance of a certificate)

a. Did the permit require the submittal of a pump test? **YES**

b. Has the pump test been previously submitted to the Department? **NO**

c. Is the pump test attached to this claim? **NO**

d. Has the pump test been approved by the Department? **NO**

e. Has a pump test exemption been approved by the Department? **NO**

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6. Measurement Conditions:

a. Does the permit, permit amendment, or any extension final order require the installation of a meter or approved measuring device? **YES**

b. Has a meter been installed? **YES**

c. Meter Information

POD/POA Name or #	Manufacturer	Serial #	Condition (working or not)	Current Meter Reading	Date Installed
#3	McCrometer	16-11983-8	Not running	341.440 AF	10/2019
#4	McCrometer	10-03410-08	Not running	034.429 AF	10/2019

7. Recording and reporting conditions

a. Is the water user required to report the water use to the Department? **YES**

b. Have the reports been submitted? **YES**

If the reports have not been submitted, attach a copy of the reports if available.

8. Other conditions required by permit, permit amendment final order, or extension final order:

a. Were there special well construction standards? **NO**

b. Was submittal of a ground water monitoring plan required? **NO**

c. Was submittal of a water management and conservation plan required? **NO**

d. Other conditions? **YES**

e. If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

Riparian area was not disturbed

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SECTION 6
ATTACHMENTS

Provide a list of any additional documents you are attaching to this report:

Attachment Name	Description
Well logs	HARN 51322 & 51548
Aerial imagery	USDA/FSA June 2016 aerial imagery

SECTION 7
CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

The wells, conveyances to sprinklers & place of use were tied to approximate boundaries using survey-grade GPS receivers in autonomous RTK mode. Points data was overlaid by aerial imagery to compare for accuracy.

Map Checklist

Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

- ☒ Map on polyester film
- ☒ Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- ☒ Township, Range, Section, Donation Land Claims, and Government Lots
- ☒ If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- ☐NA Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- ☒ Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- ☒ Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- ☒ Point(s) of diversion or appropriation (illustrated and coordinates)
- ☒ Tax lot boundaries and numbers
- ☐NA Source illustrated if surface water
- ☒ Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- ☒ Application and permit number or transfer number
- ☒ North arrow
- ☒ Legend
- ☒ CWRE stamp and signature

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#3

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

HARN 51322
01-24-2007

WELL LABEL # L 86796

START CARD # 1000433

(1) LAND OWNER

Owner Well I.D.

First Name JETT Last Name BLACKBURN

Company

Address 707 PONDEROSA VILLAGE

City BURNS State OR Zip 97720

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD

☐ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger ☐ Cable Mud ☐ Reverse Rotary ☐ Other

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community ☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering ☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 227.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
26	0	18	Bentonite	0	18	40	S
22	18	227					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other poured dry and tam

Backfill placed from ft. to ft. Material

Filter pack from 0 ft. to 227 ft. Material pea gravel Size 3/8

Explosives used: ☐ Yes Type Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
◉	○	22	☒	1	20	250	◉	○	☒	☐
○	◉	14	☒	2	227	250	○	◉	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s)

Temp casing ☐ Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type roscoe moss Material stainless steel

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Liner	14	115	215	.1			

(8) WELL TESTS: Minimum testing time is 1 hour

◉ Pump ○ Bailer ○ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100	10		

Temperature 55 °F Lab analysis ☐ Yes By

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Harney Twp 24.00 S N/S Range 32.50 E E/W WM

Sec 30 SE 1/4 of the SE 1/4 Tax Lot 600

Tax Map Number Lot

Lat ° ' " or DMS or DD

Long ° ' " or DMS or DD

◯ Street address of well ◯ Nearest address

64040 HWY 78

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	01-22-2007			17

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 17

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
01-22-2007	17	218	1,000			17

(11) WELL LOG

Ground Elevation

Material	From	To
sandy loom topsoil	0	1
clay brn	1	35
clay grey	35	55
silt grey	55	110
sand gray	110	125
silt green	125	150
clay grey sticky	150	180
gravel clay	180	189
clay grey	189	208
gravel sand	208	218
clay green	218	227

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Date Started 01-04-2007 Completed 01-22-2007

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number Date

Electronically Filed

Signed

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 1424 Date 01-24-2007

Electronically Filed

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.88

#11

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HARN 51548

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 96565

START CARD # 1006259

(1) LAND OWNER

Owner Well I.D. _____

First Name Jett Last Name Blackburn

Company _____

Address 707 PONDEROSA VILLAGE

City BURNS State OR Zip 97720

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD

[ ] Rotary Air [ ] Rotary Mud [X] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other _____

(4) PROPOSED USE

[ ] Domestic [X] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] Attach copy

Depth of Completed Well 475 ft.

BORE HOLE

Dia	From	To
18	0	42
14	42	475

SEAL

Material	From	To	Amt	sacks/ lbs
Cement	0	42	12,200	P

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E

[ ] Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: [ ] Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●		12	X	2	245	.250	●		X	

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s) _____

Temp casing [ ] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour

( ) Pump (●) Bailer ( ) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
50	20		1

Temperature 56 °F Lab analysis [ ] Yes By _____

Water quality concerns? [ ] Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 24 S N/S Range 32.5 E E/W WM

Sec 30 SW 1/4 of the SW 1/4 Tax Lot 600

Tax Map Number _____ Lot _____

Lat ° 0 ' " or _____ DMS or DD

Long ° 0 ' " or _____ DMS or DD

(●) Street address of well ( ) Nearest address

64040 HWY 78, BURNS, OR 97720

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			[ ]	
Completed Well	03-16-2009	0	[X]	27

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 27

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
03-16-2009	27	475	500		[X]	27
					[ ]	
					[ ]	
					[ ]	
					[ ]	

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOPSOIL SANDY LOAM	0	1
CLAY BRN	1	25
CLAY GRAY CAVING	25	37
CLAY GREEN	37	55
SAND BLACK	55	65
CLAY GRAY	65	90
SAND BLACK	90	106
CLAY GRAY	106	183
SAND BLACK	183	197
SILT GREEN	197	230
CLAY GREEN	230	300
SILT STONE BROWN	300	322
CLAY STONE GREEN	322	335
SILT / CLAYSTONE, GREEN	335	460
CLAY GREEN STICKY	460	475

RECEIVED
APR 02 2009
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 02-06-2009 Completed 03-16-2009

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number _____ Date _____

Password : (if filing electronically) _____

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 1424 Date 03-24-2009

Password : (if filing electronically) *********

Signed _____

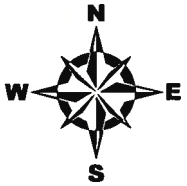
Contact Info (optional)

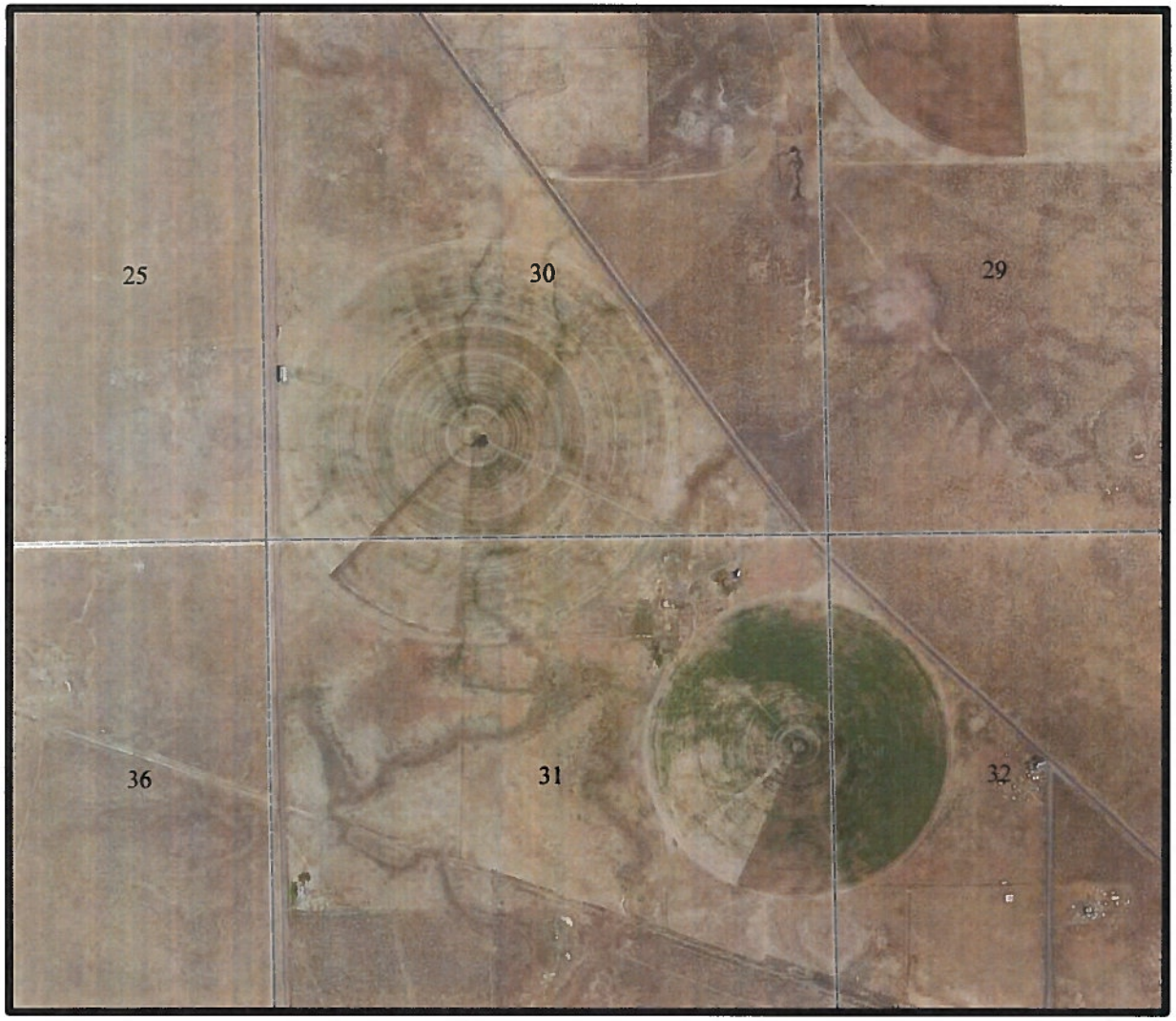
ORIGINAL - WATER RESOURCES DEPARTMENT

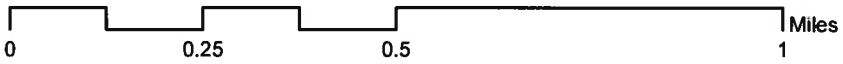
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.89

T24S R 32.5E, W.M.







June 2016 aerial imagery from NRCS Gateway website imported into ArcMap GIS software in statewide Lambert projection.